## **EVALUATION OF POTENTIAL COVID-19 CASES: CHECK LIST FOR PROVIDERS AS OF 3/10/2020**

Symptoms of COVID-19 include FEVER and signs of lower respiratory symptoms such as cough, shortness of breath.

Clinicians should use their judgement to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested.

- Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g. influenza, strep throat, common cold) PRIOR to testing for COVID-19. Influenza is still circulating in Virginia.
- Please do not direct patients to call the health department directly or to go to the health department.

  Testing is not being offered at the health department. Testing advice is done by clinician consultation.
- If you are pursuing testing through a private laboratory, the health department must be notified (phone numbers listed below)

## **Criteria for Testing**

Clinical Features		Epidemiologic Risk
Fever <sup>1</sup> or symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	AND	Any person, including health care personnel <sup>2</sup> , who has had close contact <sup>3</sup> with a laboratory-confirmed <sup>4</sup> COVID-19 patient within 14 days of symptom onset
Fever <sup>1</sup> AND symptoms of lower respiratory illness (e.g., cough, difficulty breathing) AND tested negative for influenza <sup>5</sup>	AND	A history of travel to a country with a <u>Level 2 or 3 Travel</u> <u>Advisory</u> OR an area with confirmed ongoing community transmission, within 14 days of symptom onset
Fever OR signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) AND tested negative for influenza <sup>5</sup> AND a respiratory virus panel negative for all pathogens AND without an alternative explanatory diagnosis	AND	A history of residing in a nursing home or long-term care facility within 14 days of symptom onset

**There is currently no recommendation to test** someone with symptoms who was in contact with an asymptomatic person who was in contact with a confirmed COVID-19 case

If the patient meets the criteria, or does not meet the criteria but is highly suspicious, please contact the Alexandria Health Department for consultation: 703-746-4951 (during business hours) or 571-259-8549 (after hours, for healthcare providers ONLY)

Please collect the following information PRIOR to calling the Alexandria Department of Health about a potential PUI.

✓ Patient contact Information

☑Obtain a detailed symptom history with symptom onset date

☑Underlying diagnosis and chronic illness history

☑Detailed travel history (countries, cities, dates including any layovers or additional stops)

☑Contact with ill persons

- Was the patient in contact with a person who was ill OR a person suspected or confirmed to have COVID-19?
- Was the contact ill while the patient was around them?
- Type of contact: Did they stay in the same house or share a meal?

☑Is the patient a nursing home or long-term care facility resident?

☑Occupation (healthcare provider, childcare worker)